



CERTIFICATE OF APPROPRIATENESS

HCB USE

APPLICATION BUILDING ADDRESS: DISTRICT NAME: (if applicable)	DATE RECEIVED BY HCB: PERMIT/APD NO:
OWNER NAME:ADDRESS:	PHONE NO:
CONTRACTOR NAME:ADDRESS:	PHONE NO:
ARCHITECT NAME:ADDRESS:	PHONE NO:
☐ MINOR ALTERATION ☐ NEW CONSTRUCTION HCB USE ONLY ☐ REHABILITATION	
WORK PROPOSED: (Describe type of work, existing conditions, methods to be used, materials proposed)	
IN ORDER TO EXPEDITE HCB ACTION, PLEASE ATTACH ADDITIONAL INFORMATION, IF AVAILABLE, AS MAY BE APPROPRIATE. LIST ANY INFORMATION ATTACHED: (Elevations, site plans, specifications, photos, material samples, additional drawings or written matter)	